



BOARD OF DIRECTORS' MEMBERSHIP APPLICATION

NAME: _____

MAILING ADDRESS: _____

WORK ADDRESS: _____

TELEPHONE: (h) _____ (w) _____ © _____

E-mail address: _____

AREAS OF INTEREST OR EXPERIENCE THAT WOULD BE OF BENEFIT TO THIS BOARD:

IN WHICH COUNTY ARE YOU A REGISTERED VOTER? _____

IN WHICH DISTRICT ARE YOU REGISTERED? _____

PLEASE LIST ANY OTHER BOARD OR COMMISSION OF WHICH YOU ARE A MEMBER: _____

SPECIAL KNOWLEDGE AND SKILLS APPLICABLE TO SERVING ON A NON-PROFIT BOARD:

I AUTHORIZE THE RELEASE OF MY ADDRESS/PHONE NUMBER TO THE PRESS OR PUBLIC (IF REQUESTED), IF I AM APPOINTED TO THE BOARD. YES _____ NO _____

I AM ABLE TO MAKE AN ANNUAL FINANCIAL CONTRIBUTION TO THE YOUTH SERVICES BUREAU: YES _____ NO _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

Please return the completed application and a copy of your resume to:
The Secretary, Board of Directors, Tri-County Youth Services Bureau, P.O. Box 1798, Waldorf, MD 20604. E-mail to: info@tcysb.org.